

# THE CALIFORNIA HOMŒOPATH.

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EDITOR, - - - - WM. BOERICKE, M. D.

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## EDITORIAL.

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Our readers have doubtless noticed the deep interest we have hitherto manifested in the success and progress of the Hahnemann Medical College of San Francisco, by our frequent editorial comments. Since the establishment of this institution, our best efforts have been directed to secure a high standing and an unassailable reputation to this representative of Homœopathy on the Pacific Coast. While we are opposed to any but peaceful measures for the furtherance of this end, we are, and ever have been ready to fearlessly combat any action interfering with the practical results of the principles just enunciated, whether it strike friend or foe. Our attention has been called to an article which appeared in the April number of the *American Homœopathist* of New York, entitled "Prof. G. M. Pease and Prof. A. McNeil, and the San Francisco Homœopathic College." the contents of which not only took us by surprise on account of



the insufficient grounds for a successful attack, but also inspired us with disgust that these individuals should resort to the medical press to ventilate their *personal* grievances. We should have ignored this communication had it not appeared in so respectable a journal, and this fact has also called forth an official reply from the faculty which will be forwarded to said journal, and which will be reprinted in our next number. In conclusion we will say that if any vital action should be proposed interfering with the highest aims of the College we shall be first to raise our voice and bring our influence to bear against it.—S.

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## ORIGINAL ARTICLES.

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### ANTENATAL INFLUENCES.

By WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

Carpenter, the late eminent physiologist, considered it a vulgar notion that a sudden fright of the mother, speedily forgotten, can make an impression upon the offspring.

In the *Hahn. Monthly*, Vol VII (1877-78), Dr. M. M. Walker, of Germantown, in an article entitled "Teratology, or the Science of Monsters," gives thirty collated instances of freaks of nature, and inferred from repeated personal observations that Dr. Carpenter placed too little stress on maternal impressions.

I wish to add three instances of antenatal influence, and the history of a monster.

I. A robust English woman, pregnant for the third time, and in the third month, was stooping over picking strawberries for tea in the garden. Suddenly something struck her bosom just above the breast. Startled, she stood up and found that her husband had come up unawares and thrown a strawberry to attract her attention. When her boy came, he had a perfect strawberry on his chest, a true mother's mark of twisted arteries and veins, which remains to this day. (He is of age.)



II. Another mother, about the time of quickening, was startled at the dinner-table by the husband's abrupt recital of an injury to the eye received by the wife's brother during the forenoon. The husband explained how the splinter of iron had partly severed the lid of the left eye, and caused it to droop. The interested sister arose from the table, and before the glass tried to learn how much of a defect in looks this injury would cause. When her baby came, his left eye had the uncle's droop, and retained it until his death at twenty-five years.

III. A child was born with one-half of the iris of the right eye darkened to very smoky hue—the line of demarcation is very clear and passes diagonally across the pupil and iris. In the early months, the mother was greatly disturbed one day by the childrens' (three) clamor for smoked glass, through which to see the eclipse, nor were they satisfied until she had nearly blinded her naturally weak eyes by looking through their glasses. The deformity is still very manifest at the age of eight months.

IV. In the evening of November 30th, we attended a labor which resulted in the birth of a monster.

The mother was a stout blonde, and had given birth to five healthy children. She has a decidedly scrofulous history. Her youngest child suffered a severe fall, which seemed more than likely to result in hip-joint disease. But this calamity was averted by careful medication. All through the pregnancy, she had suffered more than ever before of general discomfort, had felt but comparatively feeble motion in the last months, and was "very large" toward the last. On examination, an unusually large protrusion of amniotic fluid was felt, and this, in spite of precautions, was ruptured in the attempt at diagnosis. The flood of water was enormous, wetting everything and running to the floor. Then a shoulder was diagnosed, and back in the sacrum the head. We (my father, Dr. W. H. Leonard, and myself), thought that partial version must be attempted, and administered chloroform. In a few pains the head came forward so that an ear and the absence of the cranium was made out. Without further delay the deformed head was brought forward



and the whole forcibly delivered. By the time the mother came out from the anesthetic, the foetus was quietly given over into our care. The monster was a crania and a cephalia, with the usual hideous sensual face. The foramen of the spinal cord was open above and afforded a passage to sacrum. The spinal processes were undeveloped down into the lumbar region. Weight of foetus, five and a half pounds.

We could learn nothing in the history of the pregnancy which would account for this result. She made a good recovery.

Especial guard should be had over pregnant women by husbands and friends, particularly women of sensitive, nervous organizations, lest they be subjected to sudden mental or physical disturbances.

The practice of certain startling advertising schemes, as hideous idols in shop windows, and display signs of grotesque figures, should be prohibited by police regulations in all large cities.

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### TREATMENT OF CHOLERA INFANTUM.

BY DR. W. A. DEWEY, PETALUMA, CAL.

Under the title of "Investigations upon Diarrhœa, and its Homœopathic treatment;" a series of interesting articles is appearing in "*La Revue Homœopathique Belge*," from the able pen of one of our Belgian Confreres, Dr. H. Bernard, of Mons.

In the course of the series, I find the following article on the Treatment of *Cholera Infantum*, which I translate for the benefit of the readers of the Homœopath.

"In Cholera Infantum," says Dr. Jousset, "We must not lose time in administering *Ipecac* and *Chamomilla*. *Veratrum* is the principal remedy, and if it fails, other remedies generally remain powerless. I employ the 6th, more frequently the 3rd dilution: four globules in 200 grammes of water; one spoonful every hour, or every half hour. If *Veratrum* fails, we can still try *Arsenicum*, *Tartar. emet.* and *Carbo veg.*



*Uphorbium* is much employed in America for Cholera Infantum. If the disease passes into the chronic state, *Veratrum* still ought to be tried, if it has not already been given; otherwise, *Phosphoric Acid* and *Calcarea Acetica*, will form the base of the treatment.

As one sees, Mr. Jousset, in accordance with the Homœopathic school, gives *Veratrum alb.* the first place in the treatment of the morbid form which we are considering.

We will continue and give the indications of the above remedies as well as those of a few others which seem to us worthy of consideration.

VERATRUM ALBUM. According to the arrangement which we have thus far followed in these articles, we will first give a few of the characteristic indications assigned to this remedy by Drs. Bell and Laird.

Stools greenish, watery, with flakes, frequent, profuse, (serous). Aggravation at night. Before the stool, painful pinching colic; during the stool; palor, *cold sweat on the forehead*, pinching colic; nausea, vomiting, weakness.

After the stool: Great depression and sensation of emptiness in the abdomen.

Concomitant symptoms: *Vertigo with cold sweat on the forehead*, contracted pupils; violent thirst for large quantities of very cold water and for acid drinks; desire for fruits and acids; violent vomiting of frothy substances; vomiting aggravated by drinking; or by the least motion; great weakness after having vomited; extreme exhaustion, fainting.

"*Veratr Alb.*," says Dr. Chargé, (of Paris,) is the most useful in the majority of cases. With its use alone, we can largely modify the prognosis of the old school.

The child awakes suddenly to vomit, and to go to stool, the vomiting is incessant and the nausea increases by the least movement; the dejections are abundant; watery or bilious with light colored flakes; ordinarily painless; although cutting colic is not a contra-indication. In all cases there is borborygmus; great weakness, at each evacuation there is a sensation of exhaustion; lowering of the temperature; cold sweat on the forehead; pulse rapid and filiform; tongue cold; breath cold; thirst with avidity for cold water;



the expression of the face has been changed since the onset; the skin seems stuck to the bones, the eyes are hollow and surrounded by a bluish circle; the skin of the hands and fingers is wrinkled; the walls of the abdomen have lost their elasticity."

The following is from Dr. Piedvache in the *Traite elem. de mat. med.* by Dr. Jousset. "Severe colic, abdomen extremely painful, especially about umbilicus; tension in the abdomen; noisy borborygmus; pain in the region of the spleen. The stools are preceded by malaise and exhaustion. They are rapid, quite liquid; very frequent, accompanied by a violent tenesmus; heat in the anus, and cold sweats; bloody stools."

*Veratrum alb.*, corresponds to the period of collapse in the common form of *Epidemic Cholera*, resting on this triple character of abundant evacuations; continuous, extreme prostration, and rapid collapse we will be still more successful in grave diarrhoeas; in cholera infantum; in true cholera, and in subacute peritonitis.

According to M. Chargé (*op. cit.*), "The application of *Arsenic* more frequently comes after *Veratrum*, when the evacuations—still very frequent—have diminished in quantity and have changed in their nature, in that they are black and fetid. The agitation is continual. The child appears a prey to extreme anxiety, sleeplessness, aggravation which commences after midnight and lasts until morning. Vomiting persists as well as the Diarrhoea, and become more frequent according as the child drinks more. Intense thirst, which forces the patient to drink, but drinks little at a time; great prostration of forces, emaciation rapid; Hippocratic face; face and extremities cold; feet œdematous; pulse irregular, feeble or even suppressed or intermittant; lips and tongue dry, sometimes cracked.

**TARTAR EMET.** Bell and Laird give the following characteristics of this remedy: Before the stool, acute and cutting colic; concomitant symptoms; *continual nausea; anxious efforts to vomit with sweat on the forehead*; vomiting with great effort; vomiting accompanied by trembling of the hands and exhaustion, followed by great langour and tired feeling, by disgust, by desire for refreshing things. Face pale, haggard,



eyes cloudy, vertigo, much gapping and yawning; tired and sleepy.

Mr. Chargé does not seem to count much upon this remedy. He mentions it only as perhaps being useful in cases with much fever, which are rare, and where a prominent symptom is abundant mucous rales in the Bronchi.

To terminate here concerning *Tartar emet.* we will give a few words consecrated to it by Dr. Pierre in Dr. Jousset's *Materia Medica*:

"*Tartar emetic* produces considerable colic, which is augmented by bending the body double. These colics are accompanied by borborygmus, by symptoms of nausea, vomiting, and diarrhoea, often excessive. The stools are very liquid, sometimes involuntary, very fetid and of a yellowish-brown color. Bloody stools."

CARBO VEGETABILIS. The following are from Bell and Laird:

Stools brown, watery, mucous, frequent, involuntary, putrid, of a cadaverous odor.

Aggravation after a long, lasting disease, or a grave acute affection; by chilling of the stomach with ice cream, or ice water, when the stomach is over heated.

During the stool, fetid flatulence. Concomitant symptoms: agitation and anxiety aggravated from four to six o'clock P.M. The child is irritable; strikes, bites, and kicks. Face greenish or very pale. Profuse stringy saliva. Emission of a large quantity of putrid flatulence. Feet and legs as cold as ice up to knees. In cholera the attack often commences by an intestinal hemorrhage. Collapse without stools. Nose, cheeks, and tips of fingers cold as ice; lips bluish; breath and tongue cold; respiration feeble and laborious; *wants to evacuate the flatulence*; cramps in the legs and thighs; hiccough on every movement; vomiting; voice hoarse or lost; pulse filiform, intermittant, scarcely perceptible; preservation of consciousness or coma; *drowsiness without stools*; *vomiting or cramps*. Many of the preceding symptoms have no direct bearing on *cholera infantum*, nevertheless, not wishing to divide the groupings of the principle symptoms, we have left them for the reader.



In speaking of *carbo veg.* in *cholera infantum*, M. Chargé uses but one sentence: "*In articulo mortis.*"

The following is borrowed from Dr. Jousset's *Materia Medica*:

"The diarrhoea of *carbo* is accompanied by tenesmus. The stools are small, difficult to expel, sometimes slimy, glairy and bloody (*dysentery*). They are sometimes mixed with pure blood, as in *hemorrhoids*. After stools, excessive weakness, depression, sensation of emptiness, chilliness, heat and burning at the anus.

EUPHORBIIUM. Bell and Laird give for *Euphorbia Corollata*: violent vomiting of large quantities of water mixed with mucous; vomiting of a liquid, clear, like rice water.

Hale has used this remedy with success.

Guerin-Meneville, (of Paris), in Jousset's *Materia Medica*, gives for the physiological effect of this remedy, the following:

"Liquid diarrhoea, with tenesmus; sensation of pruritis or burning at the anus," and adds also that it has been greatly employed in *Cholera Infantum* in America.

The medication which in all cases of chronic diarrhoea appears to us to merit the pre-eminence, consists in the use of *Phos. acid* and *Calcareæ acet.* alternately.

Mr. Jousset says of these remedies in his *Materia Medica*:

*Calcareæ acetica* and *Phosphoric acid*, above all are indicated in the chronic diarrhoea of children, whether that diarrhoea be primitively chronic or whether it be as a continuance of *Cholera Infantum*. For years I have been accustomed to alternate these remedies in the 3rd dilution, giving a spoonful every four hours."

The result of our experience corresponds with that of Dr. Jousset.

Before closing this chapter let us speak of a few other remedies susceptible in this disease.

AETHUSA CYNA. According to Bell and Laird, the characteristics of this remedy are:

Pale, yellow or greenish liquid stools, or of green or bloody mucus. After the stool, exhaustion, languor.

Intolerance of milk, sudden and violent vomiting immediately after nursing; the milk is thrown up in the same con-



dition as when swallowed or in *grumous masses large enough to almost strangle a child*. Its aspect is sometimes bilious or greenish; vomiting of greenish mucous; vomiting followed by exhaustion, and profound sleep. The child nurses at once on awaking; stupor, spasms, contraction of the thumbs; the eyes are turned down; pupils immovable, dilated; eyes fixed; froths at the mouth; red face; jaws set; pulse small, concentrated and rapid; surface of the body cold and covered by viscid sweat.

“*Aethusa*,” says Mr. Chargé, “ought to be compared with *Podophyll*. The morning aggravation is the same, the differences are:

1. The stools of *Aethusa* are without odor, while those of *Podoph* are remarkable for their fetidity. 2nd. Vomiting does not prevent the child from nursing or feeding which is the opposite of *Podoph*.”

To corroborate the value of *Aethusa* in cholera infantum we will give the analysis of two observations from Hencke published in the *Allg. Hom. Zeitung*:

1. Little girl, age nine months. Till present time, in good health; brought up on cow's milk; has had for two days frequent watery stools, greenish, odorless, and since yesterday, vomiting. Face pale, with marked contractions at the corners of the mouth; cries out often from pain and fright, after which she grows more feeble, or else if she vomits or has a stool, she fall into a semi-stupor. The body is not very warm, the feet are cold; heart beats irregularly; she drinks often milk diluted, which causes vomiting of grumous masses of coagulated milk; *Aethusa* 6th. The same evening the diarrhoea and vomiting ceased; the night following was quiet, and entire recovery followed.

2. A child of six months has had for several days evacuations, sometimes of a light yellow color, sometimes greenish, watery, and mucous; cries a great deal and kicks its legs in the air. *Cham.* 3 had no effect; since yesterday vomiting of curdled milk. The child takes the breast eagerly, but soon throws the milk up in large coagulated fragments. Stools liquid and of a grayish mucus; frequent cries and cold feet; sleepless. *Aethusa* 9th. Immediate amelioration; slept well the following night, and recovery the next day.



IRIS VERSICOLOR, In Bell and Laird we find:

Watery stools, bloody, mucous, greenish, frequent, profuse, corrosive, fetid or odor of copper.

During stool, tenesmus, *burning at the anus*, fetid flatulence. After the stool, *burning in the anus like fire*, prolapsus of the rectum. Concomitant symptoms: *burning at the mouth of the anus*, nausea, vomiting, with burning in the mouth, throat and œsophagus, *vomiting of an exceedingly acid liquid which excoriates the throat*, much exhaustion and debility from the onset.

M. Chargé says in this connection:—“*Iris Versicolor* is not far from *Ipecac*, when vomiting preponderates by its frequency and intensity over intestinal troubles. Pappy stools, like corn meal flour, accompanied by the expulsion of fetid gas; burning in the rectum and anus after an evacuation; excessive nausea and efforts to vomit, with eructations of much gas and burning in the region of the pharynx, which is dry and injected. Spasm of the throat on swallowing. Prolapsus of the rectum; weakness from exhaustion of the forces; very violent pains all over the abdomen from the epigastrium to the pubes, but more particularly about the umbilicus. A circumstance favorable to the employment of this remedy consists in an irritability of the hairy scalp and the existence of furuncles about the head.”

Guerin-Menneville adds the following:

“*Stools soft, yellow, with rumbling and without odor.*”

DIOSCOREA VILLOSA, according to Bell and Laird.

Colic aggravated on lying down or on bending double, ameliorated by walking. Before the stool, colic.

During the stool, violent tenesmus; *violent contractive colic coming on in regular paroxysms with remissions*; violent drawing pains and twisting in intestines and in sacral region, radiating from above below, until the whole body, even the fingers and toes are seized with spasms acute enough to force cries from the patients. The pains in the abdomen suddenly change their seat to appear in other points, such as in the fingers and toes.

Dr. Bernard terminates the above with a few words from Hales New Remedies upon the use of *Dioscorea* in Intestinal colic, which I will refrain from reproducing.



## EYE DISEASES IN CONNECTION WITH THOSE OF THE GENERAL SYSTEM.

*(Read before the Homœopathic Club of San Francisco.)*

BY DR. A. C. PETERSON, O. ET A. CHIR.

The vastness of this subject in its scope and comprehensiveness is appalling, extending as it does from the transitory conjunctival irritation incident to acute coryza to the profound affection of the optic nerve and retina with brain lesions.

Between these extremes there is a vast array of more or less serious diseases, dependent on more or less serious general disturbances.

It is not my purpose to attempt an elaborate essay, but merely to glance briefly at some of the eye complications appearing in the course of the more important diseases.

The acute exanthemata, measles, small-pox, scarlatina, etc., are fruitful sources of eye troubles of severity proportioned to the grade of the fever, to the location, nature, and extent of the eruption, to the impression upon the nervous system, to judicious nursing, etc. We may have merely conjunctival congestion from vaso-motor disturbance, the capillaries are relaxed and filled, this condition as a sequella, may improve with increasing bodily strength, or a catarrhal conjunctivitis may supervene.

The conjunctiva is swollen and infiltrated, there is a feeling of heat and sand in the eyes, with, at first, increased lachrymation, then the usual catarrhal discharges and appearances, lasting from a few days to a month, unless the trouble become chronic.

The treatment is both topical and internal. Among important remedies we have Argent. Nitr., Bel., Calcarea Salts, Merc., Nux V., Phos., Puls., Sul. and Acon., for aggravations of sub-acute inflammations.

Topically, we have Zinc Sul., Hydras. Merc., Merc. Nit., Ham., Calend and espec. Plant. have worked well as adjuvants to the homœopathically selected remedy.

Graver troubles are, briefly, general muscular weaknesses of the eye and its appendages, weakness of single muscles,



paralysis or pareses of nerve branches or filaments, causing strabismus, mydriasis, myosis, and relaxation of the ciliary muscle, with its train of asthenopic and accommodative phenomena.

The treatment demands a careful individualization, in selecting the proper similimum; hygiene and diet must receive proper attention. A weak galvanic current intelligently applied is a valuable aid. Internally are useful, Anacard., Gels., Nat. mur., Nux. V., Phos. and possibly Dubois., Jab., and Physostigma.

Renal diseases are very apt to present eye complications and the most important is Nephritic retinitis or Retinitis albuminurica. Chronic nephritis almost always attacks both eyes.

In the beginning hyperaemia of the fundus is noticed and as the disease progresses the veins become engorged and tortuous. A grayish film spreads over the retina, the optic disc is infiltrated and its outlines are hidden, delicate whitish striae are sometimes noticed in the retina from sclerosis of the optic nerve fibres, hemorrhagic patches are often found from extensive disease and rupture of capillary blood vessels.

Later a number of yellowish white spots appear which coalesce, and form a broad glistening mound around the optic disc, elongated striations of like color, arranged in a stellate manner appear around the macula. These are the outlines of the most important objective changes in the eye, however the appearances are not always as pronounced and some may be altogether absent.

In unfavorable cases, inflammatory changes in the choroid and vitreous supervene, detachment of the retina takes place and finally atrophy.

In favorable cases the yellowish-white deposit and hemorrhages are absorbed and the vessels diminish in size and tortuosity, the infiltration disappears and the details of the retina can be discovered.

As to the pathology—the film is due to serous exudation into the retinal connective tissue and the glistening white deposits to fatty degeneration of its cellular and connective tissue elements. Considerable decrease in vision generally



exists. Sometimes sudden blindness occurs and sight is as suddenly regained, this happens from uraemia, but then we have intense headache, nausea, etc., symptoms of uraemic poisoning.

Nephritic retinitis occurs only when the kidney disease is far advanced, usually with the small contracted kidney. It has appeared, however, with the large, flabby kidney.

Amblyopia is often complained of by patients who are all unconscious of the advanced kidney disease and who have observed only indigestion and nausea in the way of constitutional disturbance. It may here be mentioned that dilatation of the left ventricle is a prominent condition when nephritic retinitis is present.

The treatment must be directed toward the general condition.

I have dwelt at some length upon the prominent features of retinitis albuminurica, a disease valuable from a diagnostic point of view and one of grave import to the physical condition.

Retinitis albuminurica occurs, also, in the course of chronic brain and meningeal troubles, of scarlatina, typhoid fever, pregnancy, etc. The disease may be confined to one eye.

The most favorable prognosis is in the advanced stage of pregnancy, the sight may be completely restored with the return of health after delivery.

Diabetes presents several forms of retinal lesions from hemorrhages of greater or less extent, to exudations identical in appearance with those occurring in the nephritic variety.

Iritis and hemorrhagic glaucoma are rare complications.

The prognosis is doubtful or unfavorable and the treatment solely constitutional.

In certain diseases of the liver with jaundice, hemorrhages occur in the retina, with some degeneration of one of the granular layers of the retina into opalescent bodies without any disturbance of vision.

Intra-cranial diseases produce eye complications,—e. g., tumors, meningitis, syphilitic gummata, hydrocephalus, and any trouble producing pressure upon the lymph cavities in



the brain and thus through like spaces formed by the optic nerve sheaths. The free lymph circulation from the eye is impeded and we have a condition variously known as optic neuritis, neuro-retinitis or papillitis. The following symptoms are, briefly, dilated and tortuous retinal veins, the disc more or less swollen and infiltrated with indistinct outlines, choked disc, and a film from like infiltration spreads over the retina.

The prognosis is extremely doubtful, atrophy of the optic nerve is the usual result, as the disease is a complication of an obscure and dangerous affection of the brain.

In syphilitic affections the eye plays an important part, iritis being prominent among the secondary and tertiary manifestations.

We are all more or less familiar with the signs of plastic iritis, viz., the muddy indistinctness of the iris and consequent loss of lustre, the contracted and sluggish pupil from swelling and infiltration of the stroma of the iris, the peri-corneal vascular ring, the photophobia and ciliary neuralgia.

This form from syphilis has frequently the above characteristics greatly modified, especially the pain, which amounts sometimes to but a feeling of discomfort, but we may find gummy tumors present.

Constitutional or hereditary syphilis may give rise to serious iritis, which disease is of vastly different nature from the above.

The iris is but slightly discolored and the pupil usually dilated, due to intraocular tension. The choroid and ciliary body are apt to be involved.

*Treatment.*—In the plastic variety, the eye and temple should be carefully bandaged with cotton, without pressure on the ball, and complete rest secured if possible.

Atropine of sufficient strength to dilate the pupil and keep it so, must be used as often as required.

Internally—the Mercuries., Kali hyd., Thuja., Nitr. ac. stand in the front rank.

The prognosis is not unfavorable, unless the disease is very severe and ill-treated. Adhesions are common and



often fully formed when the disease is first brought to notice. Serous Iritis demands very different treatment.

Atropine is not to be used, it would aggravate by still further dilating the pupil, preventing still more the escape of the fluid contents of the eye through already deranged filtration channels, leading to retention or the intra-ocular tension is further increased, and we have glaucoma.

Gelsemium is mentioned as the most important remedy.

Meningitis, Hydrocephalus, diseases of the cerebellum and post-spinal sclerosis may give rise to a condition called Mydriasis or dilatation of the pupil from irritation of the sympathetic.

The same state of the iris comes from paralysis of the third nerve from exposure to wet and cold.

Syphilis may produce the same.

Monocular mydriasis with sluggish action of the iris is regarded as a symptom of brain trouble, in disease of nerve centres, indicating beginning of paralysis; some however regard this condition as a symptom of spinal irritation.

Myosis, or contraction of the pupil, may occur in spinal lesions due to paralysis of the sympathetic, tumors and aneurismal swellings pressing upon the cervical portion of the sympathetic have produced this condition.

I have endeavored to sketch in outline some of the more interesting and important diseases of the eye that may occur in the course of certain general diseases, and though presenting nothing new, still in looking over the field, the number of diseases that select the eye as their index is legion.

In 1851 the eye emerged from the gloom of the dark ages. In that year light was thrown upon the hidden mysteries, amblyopia and amaurosis, synonyms for ignorance and surmise, lost their universal range of significance.

If the vision be failing or lost and the cause be not apparent, the ophthalmoscope rarely fails to answer the questions why and wherefore?



## DIRECT MEDICATION WITHOUT A MEDLEY OF DRUGS.

By WM. B. CLOWE, M. D., WALLA WALLA, W. T.

There exists, undoubtedly, too diversified an opinion upon the administration of a single drug or a compound in diseased conditions for any person to write an article in favor of either practice without a great deal of criticism, be it just or unjust. If we live to improve the condition of our patients physically as well as our own financially, we should study carefully the ways and means of so doing and attain precision in our method of prescribing, and any intelligent physician who abides by the present decision of the law of similia, etc., cannot possibly make a *hodge-podge* from his prescription case and feel that he has done an intelligent act. I affirm that the Homœopathic method is the leading one of the day, and it is only so because the study of the single remedy has been more thoroughly prosecuted and the action better understood and more carefully applied.

Just here lies the secret of the successful physician and the great and rapidly growing fame of our envied practice. It seems strange to me that men should study carefully the actions of a drug, note the dynamic and toxic effect of the same and withal when called to apply their knowledge to a diseased condition before them, will unhesitatingly combine from two to half a dozen drugs and return to the case with the assumption of a *Gaul*, not knowing what change in the condition to expect, but hoping that if any it may be favorable !!

If we were studying the action of compounds we should have definite ones and put aside altogether our distinctive title and lay no claim to a scientific method of prescribing, then there would be no more expected of us than there is of the foggy old school practice.

There is as marked a difference in the action of drugs of the same family as in the appearance of faces, and certainly we should not expect harmony when for an especial purpose we desire precise drug action, and not the uncertainty of a compound whose actions impede or modify one another and



cannot possibly be foretold. In all of Hahnemann's writings there is no expression approving compounds or of alternation in remedies, only as the totality of the symptoms demand another and distinct remedy.

We cannot consistently change prescriptions except in conformity with a change in symptoms, which will usually be marked by excessive or defective functional activity, perversion being less common.

The views of keenest prescribers, relative to the single remedy, are certainly based upon the results of a long and thoughtful observation—with all of their astuteness, they cannot discern intelligent methods of alternation except those which grow out of the change of symptoms in any diseased condition. We should advance at the command of the Homœopathic Generals, now living, among whom are \*Farrington, Korndoerfer, Goodno, and others who have so faithfully studied the "Great Generals" Hahnemann, Hughes and Allen, and who, only according to totalities, prescribe the single remedy. With these facts plainly before us, we of less pretensions and ability should search out every drug line in all its avenues and through our investigations and applications, we may not only simplify our practice but add knowledge and truth to our medical history, and change much of our present darkness into the full light of Eternal Day. One cannot well write upon this subject without adding something respecting posology—I think it is reasonable to believe that the majority of the new school agree pretty thoroughly respecting the dose. These are the prescribers who, understand the toxicological action of a drug and are capable of diagnosing abnormal conditions and capable of knowing whether it is the dynamic or toxical action required. In a very great proportion of our cases we desire the former, and experience teaches, that the lower potencies and triturations produce the best results. Theorists ascend the scale and claim as good results with alcohol or saccharum as can be obtained with the drug itself, but sensibly the great majority of our number do not think or practice so. An exercise of individuality is especially demanded in prescribing doses and with due res-



pect to the Organon and Hahnemann, I cannot but criticise unfavorably his judgment, when he says "he has seen a drop or the decillionth dilution of nux vom. tr., produce exactly half the effect of a drop of the quintillionth dilution under identical circumstances and in the same person." I could quote others equally as ridiculous. We have less and less of this moon-shine practice each year. The pickers up of Homœopathy who think potentization constitutes the practice, are becoming moss grown and grey, and day by day are being supplanted by young and educated physicians who give as much of a single drug as the case before them demand and the dose is not the millionth dilution either.

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### ORDINARY SKILL AND GLAUCOMA.

By H. C. FRENCH, M. D.

"Ordinary Skill" is the ambiguous barricade behind which, in suits for mal practice, our unhappy profession have been accustomed to shelter themselves from the venom of the laity; but with the rapidly shifting tide of medical progress, and the ever increasing prominence of specialties in the curricula of our medical colleges, comes a responsibility upon the general profession, unknown in the days when all the functions of modern specialists were centered in the one title of M. D. Under the new regime, ordinary skill has come to represent a vastly higher grade of qualification both in the popular estimation, and in the sterner requirements of the law, which is ever on the alert to hold medical offenders responsible to the most advanced light in their chosen profession; placing the responsibility of complicated and extraordinary diseases upon assiduously trained specialists, and requiring of the general profession a knowledge of the fact, that some maladies are beyond their knowledge and skill. Frequently has it been my painful duty to perform iridectomy with only partial restoration of vision, because of the failure of the medical attendant to recognize glaucoma, and the vital importance of an immediate operation.



Glaucoma, though most common in advanced life, may occur in the young. The disease may be slow and insidious in its approach, occupying months and even years, and baffling early observation, or it may culminate in a few hours in the destruction of an eye beyond redemption.

#### SYMPTOMS.

1. Increased tension.
2. Pain, varying in degree and character.
3. Limitation of the visual field.
4. Dilation and inaction of the pupil.
5. Subjectively, rings and rays around the light at night.
6. Ophthalmoscopically. The cupped disc.

As a symptom, the increased tension is a *sine qua non*. If an eye is found to be hard, look at once for the concomitant symptoms of Glaucoma. If a single eye is affected, a comparison with the well eye will, to the uninitiated, afford a valuable aid.

To examine the tension, sit or stand in front of the patient, whose eyes should be quietly closed. Place both index finger-tips lightly upon the upper part of the globe, steadying each hand by touching the forehead or cheek with the third or fourth fingers, then press lightly backward and downward with each finger alternately until satisfied as to the degree of tension, which may vary from normal to stony hardness. If both eyes are affected, make the comparison with the eyes of an attendant.

The increased tension bears an almost constant ratio to the severity of the disease, being usually more intense in the acute variety.

To one familiar with the ophthalmoscope, the cupping of the disc is an important diagnostic aid. The floor presents a bluish white appearance, and the vessels hook over the edge of the cup in place of diverging from the center as in the normal eye, the veins being large and tortuous, the arteries diminished in size. Sudden and phenomenal pain in the eye, or from the eye to the temple, would suggest the presence or approach of the dread disease. In acute Glaucoma there is usually intense congestion of the vessels surrounding



the cornea. The iris often loses its lustre, and the pupil is immovably enlarged.

The cornea often presents a misty appearance, and becomes in a measure insensible to touch. We have thus, for the benefit of our general practitioners, briefly outlined the more prominent symptoms of Glaucoma, without any attempt to discuss varieties, or the pathology of the disease, whose principles are still mooted by the highest ophthalmological authorities.

#### TREATMENT.

Up to 1856 Glaucoma was classed with incurable diseases. In that year, Alfred Von Graefe discovered the efficacy of iridectomy as a remedy, and it has steadily held its rank as the radical cure for Glaucoma from that day to this.

Paracentesis and sclerotomy have been tried, but have found little favor as against Von Graefe's operation. De Wecker strongly recommends sclerotomy as preferable to iridectomy in hemorrhagic and absolute Glaucoma.

The iridectomy, to be effective, should be made large and well back to the ciliary attachment of the iris. Eserine frequently instilled into the eye often arrests the progress of the disease, relieves tension, and is undoubtedly the most important remedy next to iridectomy. For the ciliary and temporal pains, the halos and subjective symptoms of the disease, our materia medica will furnish important palliatives, but in the hands of the most skilled prescriber will not avert impending ruin, or justify procrastination.

The fate of an eye frequently depends upon prompt recognition of the enemy, and equally prompt resort to iridectomy.

Then let me urge every practitioner of medicine to cultivate, in reference to this disease, the *tactus eruditus*, so as to be able to detect promptly any deviation from the normal tension. And do not forget that atropine, though an important remedy in many other diseases of the eye, is in Glaucoma extremely injurious, and *should not be used*.



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SELECTIONS.

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## THE DIGESTION OF FATS.

It is a dietetic fact of great importance, that the assimilation of suitable quantities of fat is often of extreme benefit to an enfeebled and emaciated patient. From the comparative facility with which fat undergoes metabolism in the body, a notable economy of energy results, and the process may thus be more thoroughly accomplished. But the good results thus hoped for are not unfrequently rendered unattainable, on account of the nausea and gastric disturbances which follow the ingestion of fat or oil, and even if those symptoms be absent or overcome the diminished functional activity of the alimentary canal may allow their passage practically unchanged. One of the causes of the indigestibility of fat, especially in the form of oil, is the fact that they are with difficulty rendered amenable to the action of the intestinal juices when given *en masse*. For fats and oils to be efficiently acted upon, they require to be churned into some kind of emulsion, the finer the better; and when they form a part of a meal, a process of this description takes place. In any case, if the quantity of oil be in excess of the powers of the intestinal juices to saponify or emulsify, absorption cannot, for obvious reasons take place. The best way for administering oil for medicinal purposes is either as an emulsion or in solution. The finest emulsion, however, obtainable by ordinary means, under the microscope, shows oil globules many times larger than those of milk, or with a strong tendency to coalesce. The form of oil most frequently given therapeutically is probably Cod Liver Oil, and this has the additional disadvantage of possessing a very unsavory taste and smell, which render its ingurgitation a disagreeable task for the adult and a difficult one with children. Curiously enough it has recently been discovered by Keplar, that this oil is capable of being taken into solution by an extract of Malt which if good, will take up a very considerable proportion of the oil, the smell and taste of which it very effectually



disguises. Under the microscope, no oil globules are visible and the field is perfectly clear; the presence of the oil, is, however, made evident by allowing a drop of water to run under the slide, when the oil quits the solution in the form of extremely minute globules, the diameter of which is about half that of milk globules. This, then is the ideal form of administration of fat. Apart from whatever qualities the extract of malt may have *per se*, the oil is taken in a form which offers every facility for the further changes necessary for its absorption and assimilation.

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## CLINICAL ITEMS.

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*Gnaphalium* is useful in *Dysmenorrhoea* when the menses are scanty and very painful the first day. (Dr. McGeorge.)

It should not be forgotten in sciatica.

*Xanthoxylum* has ovarian pain extending down the genito-crural nerves; menstrual flow too early and too profuse—pains down the anterior of thighs—excessive weakness of limbs.

*Amygdalus Persica*. Angina faucium, with soreness and aching pains.

*Anisum Stellatum*. Pain in region of third rib, about one or two inches from sternum, generally on right side, occasionally on left.

*Asparagus*. Pain at acromion process of left scapula, also under the clavicle and down the arm with exceedingly feeble pulse.

*Chenopodium*. Dull pain, a little lower down than the inferior angle of the right scapula; but nearer the spine, also in asthma.

*Cholas Terrapina*. Cramps or cramp-like pains in the calves and feet, also in the thighs or even in abdomen, rheumatism with similar pains.



*Gaultheria*. Soreness and jarring from coughs, like in the anterior mediastinum at times, also in larynx.

*Ipomoea Batatoides*. Aching in the small of back and lower down, also rheumatic pains in the extremities, especially in the arms. Renal colic.

*Juglans Catharticus*. Severe occipital headache—especially if unaccompanied by other pains.

*Lobelia Coerulea*. Pain or aching in the posterior aspect of the spleen.

*Mel cum Sale*. Sore, stiff, tender feeling in the hypogastric region.

*Rosae Damascenae*. Hardness of hearing, with ringing or singing in ears—catarrh of eustachian tube.

*Ulmus Rub*. Tingling as if “asleep” of lower extremities, aching pains in thighs.

*Ustilago*. Haematemesis of a passive nature, profuse, venous blood, with nausea, which improves after Hemorrhage persistent, continuous uterine hemorrhage of brown color with want of uterine contraction.

*Dolichos*. Soreness and tenderness of gums even in teething children; cough or lying down at night, pain as from a splinter in the right tonsil, worse when swallowing.

*Chimaphila*. Pterygium, cataract.

*Pix Liquida*. Sore pain in chest about two inches from the left axilla on line with its anterior border.—[Hahn. M.]

*Erigeron* is the most reliable remedy, according to Hale, for *Tympanites* occurring during typhoid fever, enteritis or peritonitis. (Also, Terebinth.) Dr. Hale uses them internally and locally in enemas, throwing up a half to one dram beaten up with yolk of egg and mixed with a pint or more of milk. The most enormous and dangerous tympanites will disappear after a few such enemas.



*Oreodaphne Cal.*—Dr. J. M. Moore took five drops of tincture and experienced no symptoms, except a confusion of the head. After six hours ten drops more were taken and dizziness, worse, on stooping or on moving about, came on, followed by a dull pressive fronto-occipital headache. This headache passed off during a night's rest. Olfaction of the tincture produced a more intense headache of a similar nature. After a few inhalations, often only one, the following sensations were produced: an intense aching, with pressure at the inner angle of the orbit, right or left, generally left, but never in both simultaneously, extending through the brain and across the scalp to the base of the occiput. This headache lasted from half an hour to seven hours, was aggravated by light, noise, and moving, and relieved by closing eyes and perfect quiet.—*Monthly H. R.*

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## CORRESPONDENCE.

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### ANOTHER LETTER FROM VICTORIA, B. C.

VICTORIA, April 9th, 1886.

EDITOR CALIFORNIA HOMŒOPATH:—I wish to acquaint your readers with some recent legislative doings in British Columbia. An Act has just been passed which I think will exclude homœopathic physicians, excepting such as may be already engaged in practice in the Province, from practicing therein. I am, so far as I know, the only physician of the homœopathic school in the country. So you see I am made a monopolist by Act of Parliament. The good opinion I had at first formed of the English—that they were becoming civilized—has not been substantiated; I take it back. They are as conservative as ever. Their chief duty is Fashion. Current Sentiment with them is Truth.

The Act specifies that (Sec. 28), "The Council (established by previous Sec.) shall admit upon the register any person who shall produce from any college or school of medicine or surgery, requiring a three years' course of study, a diploma of qualification; provided, also, that the applicant shall furnish to the Council satisfactory evidence of identification and *pass before the members thereof* \* \* \* \* *a satisfactory examination* touching his fitness and capacity to practice as a physician and surgeon." The italics are mine

Perhaps the Council will deal in a fair and honorable manner with homœopathic applicants, whom Sec. 53 says "may be registered under this Act on complying with the terms mentioned in Sec. 28." But the Council will be composed of the opponents of homœopathy, who will be unable to examine in



homœopathy. However, I will not pre-judge them, and you can form your own estimate of the probabilities.

I did all in my power to have a clause inserted allowing Homœopaths to register who had diplomas from any good college. I gave the members the circular of your San Francisco Homœopathic College and the advertisements of other American Homœopathic Colleges. If these could not be recognized, I asked that those having European or Colonial diplomas be allowed to register. But the bill had passed its second reading before I knew anything of its provisions, and the third reading was accomplished at the last midnight session. Section 53 is all the recognition of Homœopathy my efforts produced.

A general election, however, is at hand, and the next legislature may do better. Of course, under present circumstances, the exclusion of Homœopathic Physicians is unimportant, but with the completion of the C. P. R. R. an influx of better informed people will give the matter a new aspect.

E. STEVENSON, M. D., M. C. P. S., Ont.

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ANN ARBOR, Michigan, April 13th, 1886.

EDITOR CALIFORNIA HOMŒOPATH: We are trying to arrange with Michigan Central Rail Road for a through train, without change, from Chicago to Saratoga. The train will have dining car attached, and either going or returning would lay over at Niagara Falls for half day, if desirable.

The train can only be secured on condition that a sufficient number of western members will join the excursion to make it an object. Think we can secure round trip for single fare, but of this we'll report later in time for your June number.

Will you kindly make a note of this and the enclosed slip, in your May number.

Respectfully,

H. C. ALLEN, M. D.

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#### REPLY TO "A WOMAN."

EDITOR CALIFORNIA HOMŒOPATH:—In the March number of the HOMŒOPATH, your correspondent "A Woman" takes me to task for making a plea against needless uterine and vaginal examinations. I have not a word to say against absolutely necessary ones, which I venture to say are not more than a hundredth part of those now made. Some practitioners ask for an examination in every case that has a suspicion of discomfort or disturbed function in the pelvis, and moreover on the plea of reflex action, for almost any disorder anywhere; not only headaches but teethaches, and disorders of any organ or function are sought for by a uterine examination, and if they find the womb a particle out of the one position they assume that it should occupy, they shout "Eureka!"

I will mention some that I think are not necessary. To the old-school physician, whose therapeutics of the pelvic organs are almost exclusively



local, such examinations are indispensable; but not so the Homœopath, who has all the therapeutic agents he requires in his materia medica, and which are best administered by the mouth. One of the greatest reasons assigned for these examinations is to discover and correct by mechanical means displacements of the womb. Let us see what light science throws on these displacements. It has been shown that the uterus is a mobile or floating organ. Coughing, sneezing, lifting, a full bladder, a loaded rectum, change of posture, and even breathing, change its position. These changes are physiological, not pathological. It is only when this floating condition is changed to a fixed one is there any need of treatment; and it is the rare exception when anything is required but medical treatment given *per oram*, and the subjective symptoms decide the choice of the remedy, not anything discovered by a vaginal examination.

I will now adduce some testimony to support my position. Dr. Vedeler, a distinguished German physician, in order to discover what relation supposed displacements have in regard to sickness and health, examined the position of the womb in about eighteen hundred women, one-half of whom were sick and the other half well. The result was that *in one-half of the sick ones the uterus was found in the supposed natural position, and in one-half of the healthy ones, in a supposed unnatural one.* (See "American Homœopath," Vol. IX, page 222.)

These experiments are as conclusive as were those conducted by Dietl in the general hospital, in the treatment of pneumonia, which demonstrated that bleeding killed thirteen per cent. of the cases.

In this light it is unnecessary to make a uterine examination in every case of backache, leucorrhœa, headache, and every other pain and disturbed function which occurs in a woman.

Sir James Simpson was also of the opinion that displacements of the uterus were comparatively innocuous. I may mention such eminent gynæcologists as Minton, Eggert and others who hold this view.

Leucorrhœa is another condition that is supposed to demand an examination. Leucorrhœa is a catarrh of the vaginal and uterine mucous membranes. Is it necessary in an ordinary nasal catarrh to make an examination of all the parts of the nasal passages? No; and yet they are more accessible, and such an inspection does not violate any sense of delicacy. True, he who does not know any other mode of treating leucorrhœa but by the application of astringents and caustics has to resort to the speculum and the sound. But what is the result of such treatment? I admit the leucorrhœa ceases, but the disease is only driven to some other organ, frequently a vital one. Consumption often follows. *The whites are cured, but the patient dies.*

Hahnemann showed clearly the bad effects of local application, and the most advanced pathologists of the old-school are now accepting the views he advanced thereon half a century ago.

I might go on and mention ulceration of the womb and other uterine diseases the successful treatment of which do not require this, which should be the last resort of the physician, instead of being, as it is often made, the first.

If homœopathic physicians studied their materia medica more they would make fewer vaginal and uterine examinations, and cure more patients.

A. McNEIL, San Francisco.



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Personal Notes, Locations, Etc.

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DR. WILLIAM BOERICKE, the editor of this journal, started on a trip East on March 20th, which will afford him relief from the duties of an arduous practice and from editorial work on this number. During his absence, DR. W. A. DEWEY, well known to our readers, has taken charge of his practice until the return of the former, on or about May 10th.

DR. H. B. DRAKE has retired from active practice and states that Union, Oregon, offers an excellent field for a Homœopathist.

DR. E. BECKWITH of Knoxville, Tenn, in renewing his subscription has some favorable things to say of the Journal. Thank you, Doctor.

NEW ACCESSIONS.—We take pleasure in welcoming DR. CHAS. PORTER HART, the eminent neurologist, and also DRs. E. N. LOWRY, and G. T. STEWART, who have located in our city, the latter at 624 Sutter. The former will make the treatment of nervous diseases a specialty, at 326 Geary street, and will occupy the Chair of Diseases of the Nervous System at the Hahnemann Medical College of San Francisco. Furthermore, we wish to record the arrival of DR. L. V. FLINT and DR. B. F. MERTZMAN, the former locating at Santa Cruz and the latter at San Diego. We wish them all unbounded success.

As a probable further accession to the professional ranks on this coast, ARTHUR M. EASTMAN, M. D., a successful practitioner of St. Paul, may add luster, since his visit of a few weeks' duration, for the purpose of investigating climate, has left a most favorable impression. His object being to remove his family from the effects of the extreme climate of St. Paul.

DR. R. H. CURTIS, Professor of Surgery, has moved into more central and commodious quarters, being now located at 531 Sutter street.

DR. GEORGE DART, formerly of Sacramento, and for some time located in this city, has removed to Napa.

THE partnership hitherto existing under the firm name of DRs. FRENCH and PETERSON, is dissolved by mutual consent, from date. DR. PETERSON retains the present office, 319 Geary street, where he will confine his practice to surgical and medical diseases of the Eye, Ear and Throat, *exclusively*. San Francisco, May 1, 1886.

H. C. FRENCH, M. D., left on a few months' trip to Europe, where he will visit London, Paris, Brussels and other important cities. "Bon voyage."

GEO. E. DAVIS, M. D., has removed his office from 206 Stockton street to 520 Sutter street, above Powell.



GEO. H. PALMER, M. D., also left for the East some time ago, and, as we have learned since, contemplates extending his trip to Europe. His practice has been placed in the able hands of Dr. JAS. W. WARD, who will be found ready to attend all cases.

DRS. T. P. and C. L. TISDALE, having considerable landed interests in the neighborhood of Stockton, have decided to locate in said city, where they expect to find a good field for homœopathic practice.

WE take pleasure in recording the significant fact that Dr. C.W. BREYFOGLE, for many years one of the leading Homœopathic practitioners on this Coast, has been honored with the election to the important office of Mayor of San José, by a large majority of the vote of his fellow citizens. In this case true worth has been recognized, and we can safely predict a brilliant tenure to our worthy friend, and successful government to our sister city.

GOOD LOCATIONS. — At Moscow, Idaho; Lewiston, Idaho; Colfax, W. T.; Pendleton, Oregon; Pomeroy, W. T.; Weston, Oregon; Ellensburg, W. T.; Farmington, W. T.; and while Walla Walla has two, there is room for at least two more. A farming country surrounds all of these towns, and the people are as prosperous as in any new country. Wheat is the great product; fruit and vegetables of every description second.

UNION, OREGON, seems to offer a fair field for the right man. We quote the following from a letter received, in reply to our inquiries, from Dr. H. B. DRAKE, who is Secretary and Manager of the Union Milling Company, and has no desire to practice medicine:

"I came here in 1877 on a visit for my health. During my sojourn diphtheria raged some nine months, carrying off whole families, under the treatment they received, which made malignant cases of mild ones. My uncle's family were all sick with it, and under homœopathic treatment all recovered. This spread like wild fire, and I was called in every direction, only losing one case. About this time I decided to return home, and was urged on every side to remain or send a homœopath to them. During the spring following, I sent from Detroit to this place some ninety-six domestic cases and Ellis' Family Homœopathy. Two years after, my health again failing, I returned to Union, but fully decided not to practice. But I am obliged to, to a certain extent, because they won't let me off, and I make a good many office prescriptions. But I am getting "rusty," as my mind is on my business, and I read little of medicine. I am confident a well read, thorough physician, a sensible homœopath, who would keep quietly at work, and was a competent physician, as well as surgeon, would do a fine business in this valley. This town has only about 800 inhabitants, but his practice would be all over the valley and neighboring towns. The climate here is fine, and I have never had any trouble in getting the cash for my services. I want a good homœopath here *very much*, but am not willing to say to anyone, come. He must decide for himself."



THE Tenth Annual Meeting of the California State Homœopathic Medical Society will be held at the Hahnemann Medical College, 115 Haight street, in this city, Wednesday, May 12, 1886, at 8 o'clock, P. M. The great success of these annual meetings, both from a scientific as well as a social standpoint, renders it unnecessary to emphasize the necessity of every member being present.

THE AMERICAN OBSTETRICAL SOCIETY held its third meeting at the New York Ophthalmic Hospital last February. The following papers were presented, to wit: Menstruation, and the Ovaries, REUBEN C. MOFFAT, M. D., of Brooklyn, N. Y. Laceration of the Perineum and its Repair, LESLIE A. PHILLIPS, M. D., of Boston, Mass. The Newer Methods in Breech Presentations, CLARENCE M. CONANT, M. D., of Orange, N. J. The Puerperal Breast, HOMER I. OSTROM, M. D. of New York. Vaginal Injections during the Puerperium, GEORGE W. WINTERBURN, M. D., of New York.

THE twentieth annual session of the Indiana Institute of Homœopathy will be held in Indianapolis in May, and a suitable celebration of this double decade will be held.

## NEW PUBLICATIONS.

NOTICE. Owing to the absence of the Editor, the usual Book Notices will be left over until the next number.

### NEW JOURNALS.

**The Southern Journal of Homœopathy.** Edited by C. E. FISHER, M. D. Austin and New Orleans.

The new volume (VI) begins with the February number, and with it the journal dons a complete new dress and presents a very handsome appearance. It is full of interesting papers and enthusiastic for Southern Homœopathy. With such an able champion, we doubt not success will crown their every effort. The Materia Medica department is very valuable and gives to the Journal particular value. The present number contains a contribution by Professor Cowperthwaite on Colchicum and a Materia Medica talk; the first of a series on Sulphur, by A. L. Monroe, M. D. We wish the Journal continued success.

**The Southern California Practitioner.** Edited by Drs. J. P. WIDNEY, Jos. KURTZ and W. LINDLEY. Published at Los Angeles, Cal.

We have received Nos. 2 and 3 of this new medical journal and welcome it among our exchanges. The two numbers are full of interesting original articles and carefully prepared editorials.



## PAMPHLETS RECEIVED TO DATE.

New York Cancer Hospital—First Annual Report, 1885.  
 Tennessee State Board of Health Bulletin.  
 The Medical Counselor and Michigan Journal of Homœopathy.  
 The Medical Institute of Philadelphia.  
 La Reforma Medica, Mexico.  
 Hahnemannian Monthly, Philadelphia.  
 The Clinique, Chicago.  
 Homœopathic Physician, Philadelphia.  
 Oakland Homœopathic Hospital Report.

Preliminary Announcement by the Hahnemann Publishing House, Philadelphia, of a new Handbook of Homœopathic Materia Medica is made. It will be a large volume of about 1200 quarto pages. Price probably \$15.00. Dr. Allen's name ensures the character of the work. Send your subscription at once to Boericke & Schreck, San Francisco.

## MISCELLANEOUS.

## TO OUR READERS.

It has frequently happened during the last year that we have received inquiries about goods, which it has needlessly taken up our time to answer, the information sought for, appearing in the advertising pages of this journal. We would therefore request our readers to carefully scan the advertisements, where they will doubtless find the information—free of charge. Please note the latest reduction in price of *Solution Cocaine*.

## THE AMERICAN INSTITUTE AND AN UNAUTHORIZED HOMŒOPATHIC PHARMACOPŒIA.

The fact that the American Institute of Homœopathy failed to provide an authoritative pharmacopœia for the preparation of homœopathic remedies in the United States, is a lasting reproach to that body, and is an incalculable detriment to the cause of homœopathy in the United States. The



country wherein homœopathy flourishes as no where else seems to be the country wherein less interest is evinced as to how the remedies used in daily practice are prepared, than countries having less than one-tenth of its number of practitioners. About fifteen years ago the American Institute, at the suggestion of the late Dr. Carroll Dunham, appointed a committee for the purpose of compiling a homœopathic pharmacopœia, to be published by the Institute, which was to be the official guide for the homœopathic pharmacists of this country.

The committee, of which Dr. Dunham was chairman, was empowered to add to its members, and, after securing the co-operation of many of our pharmacists, the subjects were allotted the members with the request to write them out and bring them up to date. Time and again did the indefatigable chairman importune his co-laborers to complete their papers, and from one meeting of the Institute to another he reported "progress." Finally, we think in 1876, he was able to report that the whole of the material was in hand and ready to be put into shape for the press. But the herculean labors of Dr. Dunham as President of the Centennial Homœopathic Congress undermined his health, and soon after the conclusion of those memorable sessions, after a short sickness, he succumbed. Among his papers was found a pile of disconnected MSS. awaiting his master hand to put into shape for the press. However, no successor could be found willing or capable of performing that task, or no publisher willing to assume the responsibility of publication, and, we think, in 1878, the committee asked to be relieved from a further consideration of the subject, and the request was granted.

A few years later the preparation of the *American Homœopathic Pharmacopœia* was taken in hand by a firm in Philadelphia, and in 1882 the work was issued. A second and third editions re-written and revised by Dr. J. T. O'Connor, has recently been issued. In Chicago the *American Homœopathic Dispensatory* was published about two years ago, differing entirely from the other in its scope and aim. While the former follows the precepts of Hahnemann in his original directions for the preparation of remedies, the latter has struck out in a new direction and recom-



mended that dried roots and herbs be substituted for the fresh succulent ones which Hahnemann directed to be used, in all plants growing abroad on the continent. Our design is merely to point out the difference between the two works. What is the result? Certainly not uniformity. In the absence of action by the only authoritative body in homœopathic matters, every pharmacist follows his own sweet will, suits his own convenience. While one may follow the *American Homœopathic Pharmacopœia*, and prepare remedies according to Hahnemann's precepts, go to the expense of importing German fresh plant tinctures, and prepare his Nux, Ignatia, Ipecac, Cinchona, etc., tinctures in the proportion of one part of the crude drug to five of alcohol, his nearest colleague may adopt the other work, make his tinctures from plants indigenous to Europe from the dried herbs and roots (often worthless from age) at a great saving of expense, and make his Nux, Cinchona, Ignatia, Ipecac, etc., tinctures in the proportion of one part of the drug to ten of alcohol. Should any of his patrons expostulate with him for his practice he calmly replies that he worked according to the *American Homœopathic Dispensatory*, which work had the endorsement of many physicians of high standing in the profession. A remedy should as a rule be prepared in the same manner as that from which the original provings were made.

It is needless to urge that such a state of things is injurious if not disgraceful, and is it not high time some action was taken in the premises. If neither of our present works is worthy its endorsement, then let the Institute take measures to supercede them by a better work as early as may be, or else indicate such changes in either the one or the other as would bring it up to the standard. But by all means let us have an authorized Homœopathic Pharmacopœia in this country, a work, the rules and directions of which the physician may demand that his pharmacist comply with. It is as much in the interest of the pharmacist as the practitioner.



VALUABLE SUGGESTIONS IN THE USE OF LACTATED FOOD.

From the celebrated medical authority, J. MILNER FOTHERGILL, M. D.

Member of the Royal College of Physicians of London; Senior Assistant Physician of the City of London Hospital; Associate Fellow to the College of Physicians of Philadelphia.

110 PARK ST., GROSVENOR SQUARE,  
LONDON, W. ENGLAND, November 13, 1885. }

MESSRS. WELLS & RICHARDSON Co.,

GENTLEMEN: Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "The purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct; but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it a food such as your Lactated Food, it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains), goes on; and a nutritive fluid is the result, which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red wine as claret, or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbo-hydrates have a great future before them.



## Popular Department.

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### APHORISMS IN REGARD TO THE TURKISH BATH.\*

*Aphorism I.* The Turkish Bath is the best and most efficacious of all baths, both in a hygienic and therapeutic point of view. It bestows, as nothing else can, perfect cleanliness, a sense of complete comfort and a wonderful power of resistance to variations of temperature. The skin of the entire body acquires from its frequent use an astonishing vitality, analogous to that possessed by the surface of the hands and face, always exposed to the air, yet never feeling cold.

*Aphorism II.* The Turkish Bath, in its combination of heat with cold water, is the *perfection of hydrotherapy*. It possesses three-fold remedial powers, at once *depurative, derivative, and tonic*, so that most chronic affections which resist ordinary remedies are advantageously influenced by it. Such are *rheumatism and gouty affections, visceral engorgements the strumous and syphilitic diathesis, obesity, etc.*

*Aphorism III.* The skin is to man what the foliage is to the tree—a vast external lung, with millions of pores, of glandules and of papillæ, and an immense network of arteries and nerves. It is the *complement and supplement* of the internal lungs. With the aid of the Turkish Bath the skin breathes and transpires in place of the lungs. Thus is explained its efficacy in the treatment of *laryngitis and bronchitis*, in arresting *pneumonia* and in modifying the course of *catarrhal and tubercular affections*.

*Aphorism IV.* The mucous membrane of the digestive passages, and of all the internal ducts, is simply a prolongation of all the internal cutaneous tissue, from without to within; at the external openings the skin becomes thin, the *epidermis* changes to *epithelium*; there is, therefore, both analogy of

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\*Dr. C. H. Depraz; trans. in *Medical Bulletin*. N. Y. *Med. Times*.



organization and anatomical continuity between the skin which covers the body and the entire mucous system. Modifications in one portion of a system influence the entire system. The external skin, modified by the Turkish Bath, becomes the modifier of the internal skin, that is to say, the modifier of the *digestive, urinary and genital systems*.

*Aphorism V.* Winter and autumn diminish the activity of the cutaneous functions and harden the skin. Hence, at the fall of the leaf, in all cold and damp countries, there occurs an exacerbation of all the catarrhal affections of the *bronchi*, the *kidneys* and the *bladder*. The Turkish Bath acts in the inverse ratio of winter and of dampness; the heat of the bath is an artificial warm and dry climate at every one's door.

*Aphorism VI.* Old age, by reason of the progressive predominance of the carbonaceous elements in the economy, the increasing rigidity of the capillaries, and the consequent diminution of the secretions, concentrates the peripheric circulation of the body in the interior of the splanchnic cavities and vital organs; hence result *wrinkles, gray hairs, baldness, harshness of the skin, apoplectic tendencies, stiffness of the joints and fragility of the bones*; in short, all the attributes of old age, terminating in one step further, decrepitude. The Turkish Bath, by means of an active inverse movement of the circulation towards the surface of the body, imitates youth, restores elasticity to the movements, vigor to the functions, and mirth to the countenance.

*Aphorism VII.* There is no true disease without fever, mild or acute, apparent or latent. There is no fever without an alteration in the skin in respect to its circulation, its sensibility, its temperature, and its power of inhalation and absorption. Now, since the Turkish Bath acts efficiently on all these functions of the skin, it follows that there is no true disease in which the Turkish Bath may not be either the sole remedy or a part of the remedial process.

*Aphorism VIII.* The Turkish Bath is eminently a *tonic*. By means of massage, frictions and varied exercises, it re-establishes functional equilibrium in those who are over-



whelmed with brain work and do not have sufficient exercise—men of letters, judges, journalists, bankers and members, in fact, of all sedentary professions.

*Aphorism IX.* The Turkish Bath is a complete regulator of the organic functions. By the abundant transpiration which it causes, it controls the balance of the economy in those who are too much addicted to the pleasures of the table just at the time of life when the withdrawal of the accustomed demand of daily duties upon the system ought to impose the greatest moderation. This caution concerns especially merchants and tradesmen withdrawing from active business, and retired officers.

*Aphorism X.* The Turkish Bath is sedative and restorative in its action; by its equalizing effect on the circulation it restores the strength exhausted by a long walk, a sea voyage, or trip by rail, by protracted loss of sleep, and by excesses of every kind, whose morbid effects are reflected upon the nervous system. Hence its importance to tourists, sportsmen, athletes and artists.

*Aphorism XI.* The Turkish Bath is depurative and reconstructive. By its abundant sweats and by a more perfect and more prompt assimilation of food it modifies constitutional disorders, such as *rickets*, *scrofula*, *anæmia*, *malarial*, *herpetic* and *syphilitic diatheses*, *mercurial* or *metallic poisoning*, and the *lymphatic* temperament, the first cause of *scrofula* and *consumption*. The complement of the Turkish Bath in these conditions is a wholesome and substantial diet, a *regime* which is rendered attractive by improved appetite and digestion.

*Aphorism XII.* The Turkish Bath is the adjuvant of all other remedial baths. It facilitates the absorption of mineral waters at every season and in all climates. Wherever the water cure is indicated the Turkish Bath may advantageously be substituted for it. It is none the less an efficacious remedy because it is a luxury, like a cool bath in midsummer, or an iced drink in the heat of the desert.